



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH NORTH HOSPITAL

City of Hospital: Carmel

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$376829302
Outpatient Patient Service Revenue	\$363365158
Total Gross Patient Service Revenue	\$740194460

2. Deductions From Revenue

Contractual Allowance	\$485523290
Other Deductions	\$-4899507
Total Deductions	\$480623783

3. Total Operating Revenue

Net Patient Service Revenue	\$259570677
Other Operating Revenue	\$9486047
Total Operating Revenue	\$269056724

4. Operating Expenses

Salaries and Wages	\$59336713	Employee Benefits	\$15095134
Depreciation and Amortization	\$9779691	Interest Expense	\$13233223
Bad Debt	\$9065077	Other Expenses	\$104585693
Total Operating Expenses	\$211095531		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$57961193	Total Assets	\$530926016
Net Non-operating Gains over Loss	\$6074907	Total Liabilities	\$530926016

Total Net Gains	\$64036100
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$248463252	\$207890088	\$40573164
Medicaid	\$82314983	\$63415257	\$18899726
Other Government	\$5733801	\$4848947	\$884854
Other State	\$0	\$0	\$0
Other Payers	\$403682424	\$213534568	\$190147856
Total	\$740194460	\$489688860	\$250505600

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$93532	\$-93532

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$227456	\$-227456
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	2033

Statement Six: Charity Statement

Hospital Charity Charges	\$6638773
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1710148	
HCI Payments	\$0		
Subtotal	\$0	\$1710148	\$-1710148
Medicaid Shortfalls	\$18436333	\$31236629	
Subtotal	\$18436333	\$32946777	\$-14510444
DSH Payments	\$0		
Subtotal	\$18436333	\$32946777	\$-14510444
Medicare Shortfalls	\$29128123	\$38636329	
Other Government Programs	\$0	\$0	
Total	\$47564456	\$71583106	\$-24018650

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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